

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

ILLINOIS  
COMMERCE COMMISSION

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No.

200-558 20 P 2: 33  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

Entrix Telecom, Inc.

Application for a certificate of  
interexchange authority  
to operate as a (reseller  
of telecommunications  
services throughout the  
State of Illinois.

03-0109

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 04-3712683

Entrix Telecom, Inc.

Address: Street 520 Broad Street

City Newark

State/Zip New Jersey 07102-3111

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for  
Local Exchange Telecommunications Carriers in the State of Illinois

\_\_\_\_\_ Section 735.180 Directories

\_\_\_\_\_ Other

**Applicant seeks a waiver of Part 710 so that it may maintain its accounts in accordance with Generally Accepted Accounting Principles.**

**Applicant seeks a waiver of Part 735 so that it may maintain uniform credit, billing, deposit and termination policies throughout the country. Additionally, Applicant does not seek local service authorization, so it does not intend to issue telephone directories.**

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

**Applicant is not requesting local exchange authority.**

5. In what area of the state does the Applicant propose to provide service?

**Applicant proposes to provide service throughout the State of Illinois.**

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

**Please See Attachment A**

7. Please check type of organization?

\_\_\_\_\_ Individual                        X   Corporation

\_\_\_\_\_ Partnership

Date corporation was formed August 29, 2002

In what state? Delaware

\_\_\_\_\_ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

**Please See Attachment B**

9. List jurisdictions in which Applicant is offering service(s).

Applicant is not offering service in any jurisdiction.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

\_\_\_\_ YES (Please provide details)    X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

\_\_\_\_ YES    X NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES    X NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois?    \_\_\_\_ YES    X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Applicant seeks permission pursuant to 83 Ill. Adm. Code Part 250 to maintain its books and records in New Jersey. Applicant will make its books and records available to the Commission upon request, at no expense to the Commission.

#### **MANAGERIAL**

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

Morris Lichtenstein - President \_\_\_\_\_

Norman Rosenberg - Secretary \_\_\_\_\_

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?    X YES    \_\_\_\_ NO

Both Officers are employed by IDT Corporation, which is the parent corporation of IDT America, Corp. and Winstar Communications, which currently provide telecommunications service in the State of Illinois.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Applicant intends to offer prepaid calling card service. Applicant will decrement customers' calling cards as the cards are used. Customers will not otherwise receive a bill for service. Customers may call toll free number to determine balance remaining on card twenty-four hours a day, seven days a week.**

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

**Applicant will have a Customer Service Department available twenty four hours a day, seven days a week. Customers may call and speak with a Customer Service Representative with a service complaint. If Customer is dissatisfied with the resolution of their complaint, their call will be forwarded to a Customer Service Manager. If the customer remains dissatisfied with the resolution of their complaint, the customer will be told that he/she may seek assistance from the applicable regulatory authority.**

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

**(800) 889-9126**

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Applicant offers prepaid calling card service. Therefore, it does not switch the presubscribed carrier of ANY customer. Thus, it will never engage in slamming. Similarly, since the Applicant only decrements its prepaid calling cards for services used via the card and never bills for other services, it can never bill the customer for any other services.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

**Applicant does not seek authority to operate as a local exchange carrier.**

☐ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

**Applicant is aware that it must file tariffs prior to providing service in Illinois.**

☐ YES ☐ NO

## **FINANCIAL**

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

**As a new entity, Applicant relies on the financial fitness of its corporate parent, IDT Corporation. The most recent SEC Form 10-K is located at Attachment C.**

## **TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities? \_\_\_\_\_ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

**Applicant intends to enter into agreements with one or more licensed telecommunications carriers in order to provide service. Because Applicant is a new entity, it has not yet entered into such agreements as of the date of this filing.**

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

**Applicant intends to offer prepaid calling cards. The cards will be sold in denominations of \$5.00, \$10.00, and \$20.00. Customers will dial a toll free or local access number, wherein they will be directed to enter their personal identification number and the number to be called.**

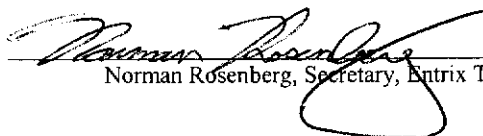
28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES \_\_\_\_\_ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

**Applicant does not intend to provide payphone service.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

  
Norman Rosenberg, Secretary, Entrix Telecom, Inc.

VERIFICATION

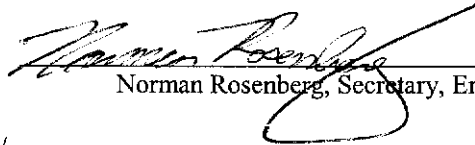
This application shall be verified under oath.

OATH

State of New Jersey )  
 )ss  
County of Essex )

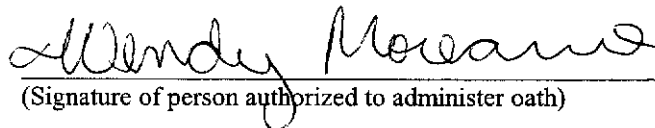
Norman Rosenberg makes oath and says that he is Secretary of Entrix Telecom, Inc.

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
Norman Rosenberg, Secretary, Entrix Telecom, Inc.

Subscribed and sworn to before me, a Notary Public/ \_\_\_\_\_  
(Title of person authorized to administer oaths)

in the State and County above named, this 19<sup>th</sup> day of February, 2003

  
(Signature of person authorized to administer oath)

WENDY MOREANO  
A Notary Public of New Jersey  
My Commission Expires 9/21/2003

